

**Meeting Minutes of
The Governor's Council on Behavioral Health
8:30 A.M., Thursday, October 12, 2006**

The Governor's Council on Behavioral Health met at 8:40 a.m. on Thursday, October 12, 2006, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Cynthia Barry; Carrie Blake; Stephanie Culhane; Sandra Del Sesto; Mitch Henderson; Richard Hill; and Reed Cospier.

Ex-Officio Craig Stenning, MHRH; Jeanne Smith and Carol Fox, DCYF; Fred Friedman,
Members Present: DOC; Michele Palermo, Department of Education Services.

Charles Williams, Corinna Roy; Kim Harris; Kristen Quinlan, and Mary Ann Nassa.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:40 a.m. After introductions were conducted, Richard entertained a motion to accept the Minutes of September 12, 2006. Sandra Del Sesto motioned to accept the minutes and Cynthia Barry seconded the motion. All were in favor, and the minutes were approved as written.

Richard noted that he will have a report prepared for the next meeting in response to the issue indicated in the September Minutes on Page 5, last paragraph, which was raised by Sandy Woods from DCYF regarding information about utilization of substance abuse state slots.

UPDATES ON STRATEGIC PLAN

Kristen Quinlan reported that a pledge has been received from The Rhode Island Foundation. Kristen stated that they met with them last week to talk about the application for funding and at that meeting they requested a copy of the membership list from the Governor's Council and a copy of a revised budget which is being prepared. She stated that it is moving forward, and she should hear in December regarding funding for the Strategic Plan report.

SUBSTANCE ABUSE BLOCK GRANT

Kim Harris distributed and reviewed the *Substance Abuse Prevention and Treatment Block Grant (SAPT) Governor's Council Presentation, which was distributed (See Attachment I)*. She stated that it is not a competitive grant. An application is submitted to SAMHSA for the funding of Substance Abuse Prevention and, Treatment Services representing 25 percent of the Division's budget. Federal fiscal year 2006 funds totaled \$6,590,346. The Division utilizes Block Grant resources to partially or fully fund a number of community-based treatment and prevention programs statewide, as well as other specialized initiatives, such as training or sober housing projects.

Kim stated that there are certain statutes and restrictions associated to the SAPT Block Grant, for example: a set-aside of at least 20 percent for "primary prevention." These funds, by regulation, support a range of activities in six areas, including information dissemination, community-based process, environmental strategies, alternative activities, education, and problem identification and referrals.

Kim stated that in March of 2005 the Department issued an RFP for the re-allocation of prevention set-aside funds; \$895,000 was made available through the RFP to fund a select number of community-based substance abuse prevention programs.

Seventy percent of the set-aside needs to go to treatment services. The Division utilizes these dollars to fund residential, outpatient, day treatment, narcotic treatment, including methadone, and detoxification services for adults and youth who are uninsured and have incomes at or below 200 percent of poverty for whom services are clinically necessary.

In addition, there is an HIV/Early Intervention Set-Aside for “Designated States” that is based on the rate of growth of HIV/AIDS in the state; Designated States must spend a base rate plus 5 percent of the overall block grant award on HIV/Early Intervention services for individuals who are at risk for HIV. The Division routinely provides funding for narcotic methadone treatment, the value of which is used to satisfy this requirement. Kim stated that currently Rhode Island is not a designated state.

No more than 5 percent of Block Grant funding can be used for administration; however, Rhode Island does not charge any administrative costs to the Block Grant.

Kim reported that another significant regulation is the SYNAR Program. It is a non-funded mandate. The regulation requires states to enact and enforce legislation which prohibits the sale of tobacco products to minors; conduct random, unannounced annual inspections of vendors; maintain a failure rate of purchase of less than 20 percent; and submit an annual report describing the State’s enforcement efforts. If there is a failure to achieve a rate of less than 20 percent it can result in a loss of up to 40 percent of the Block Grant. Kim reported that over the past year Rhode Island is at 8 percent with the average of most states at 10 percent.

Richard Leclerc asked what contributed to the improvement with the SYNAR if it is now at 8 percent, because he noted that there was a \$300,000 fine levied a few years ago.

Kim stated that the improvement is based upon good collaboration between MHRH and the Department of Health. Kim reported that there has been a considerable amount of money spent on advertising and marketing and police departments became more involved and committed.

Craig Stenning explained that nationwide legislation was amended by Senator John Chafee on behalf of Rhode Island that either a state could be penalized or the state could increase the number of dollars allocated to treatment; therefore in actuality there was an increase in funding that year, it was not that the State was penalized.

Charles Williams added that while the Council is not required to review the SAPT Block Grant, but States are asked how the public provides feedback on the application and this review helps serve that purpose.

Richard welcomed everyone to read the application on line at <https://bgas.samhsa.gov/2007>

UPDATES ON CO-OCCURRING ACTION PLAN

Charles Williams reported that on September 28, 2006, staff from the Center for Co-Occurring Excellence, which is funded by the Substance Abuse and Mental Health Services Administration, visited Rhode Island to lead the Co-Occurring Policy team through a one-day mini Policy Academy. The group was comprised of representatives from six state departments plus ten consumer and provider associations who participated in an all-day meeting reviewing the plan that had been approved in January after its submission to SAMHSA in December 2005. Some revisions were made to the Plan and others are in process. Charles stated that he will have a new revised Plan available to distribute to the Governor’s Council for review at the November meeting. The next steps include getting the revised Plan back out to everyone, then to reconvene the group, not in a Policy Academy format, but to go over the plan and identify how to proceed in terms of implementation.

UPDATES FROM MHRH

Craig Stenning commended the Division’s staff for their efforts in the submission of both the Substance Abuse Block Grant and the Mental Health Block Grant.

Craig reported that the Department is in the midst of submitting the 2008 budget request. He stated that it was originally due in last month, but there was a one-month extension and is now due the week ending October 21.

Craig reported that Dr. Ellen Nelson has conducted Phase I of a top-to-bottom review of the Department and will be releasing her report today, October 12th, to the Community at 2 p.m. at the Ray Conference Center on the grounds of Butler Hospital.

Craig reported that after four and half years in the making the Rhode Island Assertive Community Treatment II (RIAct II) was initiated and is the complement to RIAct I, creating two levels of intensity of mobile treatment teams within the Rhode Island Mental Health System. Craig commended the chair, Richard Leclerc, as well as the other members of the community mental health system for their cooperation and negotiations in order to implement this project.

Craig reported that last week the pre-bid for the RFP for the combined purchase of psychiatric inpatient services and substance abuse detoxification services was convened. He stated that there was a full house of participants. The 15 questions from the pre-bid meeting were posted to the Purchasing Website. He reported that the process is in place for a contract that would begin on January 1, 2007.

Craig reported that the next series of projects includes a report that will be presented to the Council next month regarding utilization of outpatient slots. Craig stated that the Division will be meeting with the prime outpatient providers either as a group or through site visits. Craig reported that the Division has communicated through correspondence to the residential providers that it will be doing a review of residential treatment and the utilization of beds. He further reported the scheduling of discussions with the opioid treatment providers specifically regarding the issues of high-risk patients.

Craig stated that a discussion has been convened around the Behavioral Healthcare Licensing Standards. Craig reported the completion of one round of reviews of every licensed agency. He stated that discussion will be opened to amend those standards in the areas where necessary. A questionnaire has been distributed to each agency that has been reviewed for additional input for public process once it has been officially kicked off.

In conclusion Craig reported receiving a week-long Core Site visit from the Federal Government a couple of months ago which included not only the Division of Behavioral Healthcare, but a site visit to two providers. Craig reported receiving a copy of their report, which allows a response of what is felt to be corrections to their report. Craig stated that the response has been completed and that he will share the final report with the Council. Craig was pleased with that the final written copy was fairly positive. He stated that in particular they mentioned the Governor's Council and the Behavioral Healthcare Licensing Standards throughout the report as being strengths. Their major areas of concern, other than some technical aspects to the block grant and some of the reporting aspects of the Memorandum of Understanding (MOU), were in the areas of data utilization, cultural competency of providers, and the area of technical assistance. Craig explained that unlike other reviews, this one is more technical in nature. During the visit to the providers, they were looking for very specific language that applied to the dollars that providers receive that can be tracked back to the block grant. Craig sensed that they did not understand that most of the conditions and standards of the Federal Block Grant Administration have been implemented throughout the system and whether providers receive block grant money or state

money, everyone is held to the same standards and most of those standards are included in the licensing standards.

Reed Cospers requested that the Governor's Council see the report along with their criticisms. Craig stated that at this point it is not yet a public document and when they release the final report, he will present it to the Council.

Carrie Blake asked Craig if there was a difference in the dollar amount between the combined purchase of psychiatric inpatient services and substance abuse detoxification services RFP and the previous one. Craig stated that there is no difference because the reduction that had been originally proposed was restored and therefore the dollar amount is the same.

Reed Cospers described the Rhode Island Assertive Community Treatment I or RIAct I, which is the intensive mobile treatment team services for the most impaired clients within the mental health system, and discussed some of his concerns with the implementation of RIAct II with its intention of moving down 20 percent of those individuals to less intensive services.

Craig Stenning stated that in reality approximately 20 percent of the people on the RIAct II teams moved down and 80 percent of them moved up. Therefore, there will be an additional 800 individuals receiving a more intensive level of service than what they had originally been receiving. Craig also stated that the 20 percent that were moved down was done after a clinical review by each of those mental health centers. Craig stated that Tom Martin met and discussed these particulars with each of the mental health centers over the course of the past two to three months.

UPDATES FROM DCYF

Jeanne Smith reported that night-to-night placements in the state are now stable and that from September 2006 to date there have been 0 to 2 episodes of night-to-night placements per week. Jeanne reported that with the new budget DCYF is looking at different strategies to not only address the night-to-night placements, but also trying to balance the needs of the families and working with the service providers. Carol added that they are utilizing beds that might not be the level of care that they need at that particular time. For example, they have therapeutic foster homes that may have an opening, and they will be placed there at half rate. It is not a permanent bed, but they can stay there until an appropriate placement becomes available.

Jeanne reported that they are moving forward with the Shelter Initiative which is an effort between DCYF and regional community agencies to reduce the time that children/youth are in shelter care by expediting the assessment, planning, and referral process. It is critical that this initiative include partnerships with families and youth, as well as community-based services and natural supports so as to ensure individualized, culturally relevant, and sustainable services and supports. Jeanne stated that she could provide the Council with more information through a presentation by Linda O'Mally the liaison to that initiative. Carol Fox added that one of the things with the Shelter Initiative is to get the community providers together to create a plan to send kids home as opposed to going to a shelter.

Jeanne also updated the Council regarding Emergency Services. Jeanne stated that they have an 800 telephone number that is ready to roll and Gateway has spearheaded the efforts along with the other community mental health centers. Richard Leclerc stated that he would arrange to have the person who will operate this program attend the next meeting. He or she will describe this coordinated 24/7 emergency service for kids that kicks off November 1 and by regulation or statute is going to be

enforced coming January 1, 2007. Under this new system hospitals will not get paid their patient rate if the child gets an evaluation by a certified emergency service child provider.

Richard stated that with regard to the Shelter Initiatives there seems to be a separate review set up for the shelter to look at their care and what they need and there is also the CASSP system and local coordinating councils that get together to look at the needs of kids. There is a case management review team at DCYF with community participation that also does that. Richard asked if there will be duplication for each population that is looked at and how is the coordination of that all fitting in?

Carol Fox responded that CASSP sits on both of those other management teams as well as the Shelter Initiative meetings. She stated that the kids that come into the care management team are kids that are already in the system or they are coming directly from the hospital and they need some type of residential placement. They are trying to target the kids that would be sheltered and get them back into the home in a more timely fashion.

Jeanne stated that in terms of the coordination, the DCYF liaison sits on all of those teams. The regional lead agencies will be in charge of where to put the kids in terms of resources within the community; but in terms of the DCYF piece, their liaison person will have to approve and take part in the meetings.

There was discussion around the courts and judges' orders and how they interact with DCYF.

OLD/NEW BUSINESS

Richard reported that he and Corinna Roy would be traveling to Philadelphia to attend the Peer Review for the Community Mental Health Services Block Grant.

A list of Acronyms was distributed (*See Attachment II*).

ADJOURNMENT AND NEXT MEETING

There was no further business. Upon motion made and seconded, the meeting adjourned at 9:30 a.m. The next meeting of the Council is scheduled for **Tuesday, November 14, at 1:00 p.m. in the first floor Conference Room 126 at the Barry Hall Building.**

Minutes respectfully recorded and written by:

Mary Ann Nassa
Secretary, Governor's Council on Behavioral Health

Attachment I: Substance Abuse Prevention and Treatment Block Grant (SAPT) Governor's Council Presentation.

Attachment II: ACRONYMS